Department of	of Stare - Bu	siness Serv	rices Division			
				FILED -		
Annual Report for the year: $\frac{2021}{1}$				OCT 05 2024		
imited Liability Co	mpany			OCT 05 2021		
→ Filing period: September 1 - November 1				BY. J. J.		
→ Filing Fee: \$50.00 → Penalty: Additional \$2	25.00 fee if form	is not filed by D	Jecember 1	٠		
y v onony, vidamonar de	20.00 100 11 101111	is not mee by b	reconsist t.			
1. Entity ID Number	√ 2. Exact na	2. Exact name of the Limited Liability Company				
001698287	SIMMON	SIMMONS MARINE, LLC				
3,NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
MUILL	BOAT PAI	NTING AND RE	PAIR			
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address	<u> </u>		City	State	Zip	
18 BELLEVIEW AVENUE			TIVERTON	RI	02878	
					02070	
7. Mailing Address of Limite		any and Name o				
Contact Name ROBERT SIMMONS			Contact Title MEMBER	MEMBER		
Street Address 18 BELLEVIEW AVENUE			City TIVERTON	State RI	^{Zip} 02878	
		s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name N/A		<u> </u>	Manager Name N/A			
- N/A			- IN/A	- IN/A		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name N/A			Manager Name N/A	Manager Name N/A		
Street Address			Street Address	Street Address		
City	State	Žip	City	State	Zip	
	1	<u> </u>	l	Check the box to i	I ndicate an attachment[

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MAIL TO:

Division of Business Services

Name of Authorized Person

ROBERT SIMMONS, MEMBER

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 9-30-21